

# Warren County Department of Human Resources



## FAMILY AND MEDICAL LEAVE REQUEST FORM

I \_\_\_\_\_, an employee of Warren County, am requesting a leave pursuant to provisions outlined in the Family and Medical Leave Act.

I request leave:

1.  For the birth of a child or caring for a newborn.
2.  For placing a child for adoption or foster care.
3.  To care for an immediate family member (circle one: spouse, child, or parent) who has a serious health condition.
4.  Because I am unable to work due to my serious health condition.
5.  For a qualifying military exigency leave.
6.  To care for a covered servicemember who has a serious illness or injury and needs your care.

If you checked box 3 or 4, a U.S. Department of Labor certification form must also be completed by a physician.

Leave to start: \_\_\_\_\_

Anticipated return date: \_\_\_\_\_

Employee Signature:

\_\_\_\_\_  
Signed Date

Departmental Head:

\_\_\_\_\_  
Signed Date

Director of Human Resources Approval:

\_\_\_\_\_  
Signed Date

**Please note that in a 426 must accompany this request.**